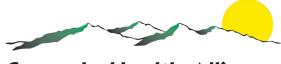
CHA Hepatitis C PEDIATRIC Treatment Request Form

FAX To: 541-883-6104

| Patient Information | | | | | | | | | |
|---|--|---|------------|--|---------------------------------|--------|--------------------|----------|--|
| Name: | | | | | | | | | |
| Date of birth: | | CHA ID# | CHA ID# | | | Phone: | | | |
| Current address: | | | | | | | | | |
| City: | State: | State: | | | ZIP Code: | | | | |
| Gender: 🗌 Male 🗌 Female | | W | | | /eight: | | | | |
| Known Allergies: | | | | | | | | | |
| Alternate Caregiver Name: | | | | | | | | | |
| Provider Information | | | | | | | | | |
| Provider Name: | | | | | | | | | |
| Provider NPI: | | | | | Preferred Clinic Contact: | | | | |
| Phone: | | | | Fax: | | | | | |
| Address, City, State, Zip: | | | | | | | | | |
| Diagnosis/Clinical Information Fax recent notes, labs, tests to 541-883-6104 | | | | | | | | | |
| ICD-10: Genotype: | Genotype:□1a □1b □2 □3 □4 □5 □6 | | | | HCV RNA level: | | | | |
| Fibrosis Score: IF0 IF1 IF2 IF3 IF4 | | | | | Cirrhosis: | | | | |
| For Genotype 1: NS5A Polymorphism: □Y □N | NS5A Polymorphism Type : □28 □30 [□ Other: | | | | HIV Co-Infection: ☐ Yes ☐ No | | *HBV Co-Infection: | | |
| Pregnancy Test (Past 30 Days) Negative Positive Date: Hepatitis B labs: HBsAg; HBsAb; HBcAb** | | | | | | | | | |
| Prior Therapy | End Date Treatme | | nt Weeks F | | Response Status | | | | |
| | | | | | □Naïve | □Null | Partial | □Relapse | |
| | | | | | □Naïve | □Null | Partial | □Relapse | |
| Listed for Transplant or Post solid organ transplant Life Expectancy: Greater Than 1 Year Less Than 1 Year | | | | Will patient and provider comply with all case management and adhere to all monitoring requirements required by the Oregon Health Authority, including measuring and reporting of a post-treatment viral load? | | | | | |
| Treatment Requested | | | | | | | | | |
| Medication | | Dose/Strength | | | Length of Treatment | | | | |
| ☐ Epclusa (sofosbuvir/velpatasvir) | □ 15 □ 20 | ☐ 400mg/100mg ☐ 150mg/37.5mg ☐ 200mg/50mg | | | | | | | |
| Mavyret (glecaprevir/pibrentasvir) | | ☐ 100mg/40mg ☐ 50mg/20mg | | | | | | | |
| ☐ Ribavirin (in combination with sofosbuvir/velpatasvir) | | 200mg | | | | | | | |
| □Other: | | | | | | | | | |
| Provider Signature | | | | | | | | | |
| Name: | | | | Date: | | | | | |



Cascade Health Alliance